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DD/S 68-4431

30 AUG 1968

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MEMORANDUM FOR: Executive Director-Comptroller

SUBJECT : Inspector General's Survey of the Office of Medical Services

REFERENCE : Memo dtd 30 July 68 to DD/S from Ex. Dir. - Compt., same subject

1. This memorandum is for your information.

2. We have carefully reviewed the comments and recommendations expressed by the Inspector General as a result of his survey of the Office of Medical Services. Our comments on each of the numbered recommendations are detailed as follows:

Recommendation No. 1

It is recommended that the Deputy Director for Support:

a. Instruct the Director of Medical Services to formally designate [redacted] and to delineate his responsibilities.

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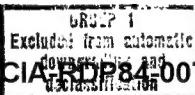
Comment

a. Concur, subject to our identification of a position that can be used for this purpose.

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Recommendation No. 2

It is recommended that the Deputy Director for Support, in coordination with the Deputy Director for Science and Technology, develop a procedure which will enable the Director of Medical Services to participate in the selection of Air Force medical personnel detailed to the Office of Special Activities or other offices of the DD/S&T.



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Comment

Concur. This has been discussed with the Deputy Director/SA/DD/S&T who is in agreement.

Recommendation No. 3

It is recommended that the Deputy Director for Support instruct the Director of Medical Services:

- a. To develop procedures to determine and to notify Type A contract doctors the plans for their continued employment by the Agency one year before the expiration of their contract.
- b. To establish, in consultation with the Director of Training, a program of orientation training for all doctors entering on full-time duty with the Agency as well as appropriate orientation for those doctors returning from an overseas assignment for duty in headquarters.
- c. To seek the assistance of the Director of Personnel in reviewing all existing contracts with professional medical personnel and in establishing, insofar as possible, uniform contracting procedures.

Comment

Concur in all three parts of the recommendation.

The present practices for professional staffing have evolved over a period of almost two decades. Problems in recruiting, utilizing and retaining a scarce category of professional personnel such as physicians have not been minor. These basic problems are probably greater because of the relatively small number of individuals involved; the sudden change in the availability or personal dispositions of one physician can, for example, require a chain of personnel adjustments. The niceties of conventional personnel planning and practices must often be compromised to assure essential staffing continuity.

Recommendation No. 4

It is recommended that the Director of Medical Services have Panel C review the current assignments of medical technicians and medical service officers, arrange for those who have been in the same positions for long periods to be consulted as to their career desires, and insofar as possible accommodate those who wish other assignments.

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Comment

Concur. Panel C has been directed to review current assignments of medical technicians and medical service officers.

Recommendation No. 5

It is recommended that the Deputy Director for Support direct the Director of Medical Services:

- a. To request the Director of Personnel to furnish a personnel specialist to fill the position of Personnel Officer.
- b. To request the Director of Finance to furnish a finance specialist to fill the position responsible for the financial administration of the Office of Medical Services.
- c. Or, to investigate the possibility of obtaining the services of a support officer, who has experience and training in both the personnel and finance fields, and of combining the responsibilities in one position.

Comment

This recommendation gives us some trouble as we are again involved with a situation which has developed over many years. For example, the Administrative Officer position is not purely budget and/or finance but involves the OMS services function which requires familiarity with medical practices and equipment. These positions have also represented opportunities to which the lower graded medical technician may aspire for career development; they are in this sense quite vital to the career program of OMS. We would like to defer final comment on this recommendation pending more complete study with the Offices of Personnel and Finance.

Recommendation No. 6

It is recommended that the Director of Medical Services:

- a. Establish a Selection Processing Division to consist of the existing Selection Support Branch and the Selection Processing Center, each of which to be designated as separate branches (Psychiatric Screening Branch and Clinical Activities Branch, respectively) within the division.

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b. Designate the chief of this division to be responsible for all OMS applicant screening.

c. Eliminate from the normal review of applicant disqualifications the Chief of the Psychiatric Staff, the Chief of the Clinical Division, and the Special Assistant for Clinical Activities.

Comment

This recommendation also requires further study before we can respond with adequate comments. When the Selection Processing Center was activated in October 1967 it was our intent that there would eventually be an organizational integration of all medical selection activities in the Rosslyn area. This remains our plan. We do not at present have the appropriate staff positions for the establishment of a Selection Processing Division.

Recommendation No. 7

It is recommended that the Director of Medical Services:

a. Establish a Medical Services Division to consist of the existing Psychiatric Staff and Clinical Division, each of which is to be designated as a separate branch within the division.

b. Eliminate the position of Special Assistant for Clinical Activities.

Comment

We presently have a study under way on the mission, functions and organization of the OMS. The proposed Medical Services Division, to consist of the existing Psychiatric Staff and Clinical Division, is merely one possibility for rearrangement of our staffs and divisions. We feel it would be premature to comment on this recommendation prior to the completion of the study.

Recommendation No. 8

It is recommended that the Director of Medical Services establish more effective procedures for providing timely medical guidance on employees to Agency officials for management purposes, it being understood that in certain cases this will of necessity be less than definitive.

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Comment

Concur. The Director of Medical Services is investigating ways of providing more timely medical guidance to management officials. The proposed counselling function for employees may also be helpful in this area.

Recommendation No. 9

It is recommended that the Director of Medical Services:

- a. Provide chiefs of operating components names of individuals who have not been examined for two years.
- b. Develop procedures to follow up and maintain contact with each employee until the degree of action taken by the employee has satisfied the firm medical recommendations made by the doctor during the Executive Annual Examination.

Comment

a. We agree with the thrust of the recommendation but would like to avoid the coercive element that is implied. We would prefer to attempt to work this problem out with the individuals concerned, relying on OMS's professional persuasive capability to assure currency of physical examinations. It should also be noted that the Office of Medical Services is normally confronted with the reverse problem; more employees requesting examinations than can be accommodated.

b. The Office of Medical Services will take action to improve the follow up aspect, but our preference is to put the onus on the individual to report his actions to OMS rather than have OMS "policing" him. In some cases, of course, the role of the OMS must necessarily step at recommendation.

Recommendation No. 10

It is recommended that the Director of Medical Services and the Director of Personnel take steps to reduce substantially the amount of time required for processing applications for medical disability retirement.

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Comment

Concur. The time element involved can and will be reduced. Under this program the time required for the processing of a case represents the medical adjudication process as well as the actual examination. This requires more Agency time than would a case that is worked up in the Agency but sent to the Civil Service Commission for adjudication.

Recommendation No. 11

It is recommended that the Deputy Director for Support develop effective procedures for keeping the Office of Personnel informed concerning employees who have been injured, who are ill, or who have died, as well as employees and dependents who are medically evacuated from overseas.

Comment

Concur. The Director of Medical Services will develop more effective procedures for keeping the Office of Personnel and the Office of Security properly informed.

Recommendation No. 12

It is recommended that the Deputy Director for Support amend [redacted] to require that employees must have had a medical examination by an Agency doctor within the past three years before receiving approval for continuous overseas service.

Comment

Concur. There will continue to be valid reasons from time to time when examinations by an Agency medical officer will be manifestly impracticable. We agree that this requirement can be stated more strongly in the regulatory issuance and should apply whenever feasible.

Recommendation No. 13

It is recommended that the Deputy Director for Support amend [redacted] to place the responsibility for determining which geographic areas require dependent physical examinations on the Director of Medical Services.

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Comment

Non-concur. In our judgment the basic responsibility for determining geographic areas requiring dependent physical examinations should remain with the operating components, with the requirement for close coordination with the OMS. We feel that the deficiency pointed out by the IG report can best be corrected by updating and keeping current the system provided for in the present regulation; OMS will take the initiative with the area divisions.

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the professional members of the staff. These comments were carefully discussed and considered and I think that the resultant evaluation stems from several factors. The position of the Deputy Director of the Office of Medical Services and the positions of Chief, Clinical Division and Chief, Psychiatric Staff are ones that must necessarily be filled by competent, professional officers experienced and appreciative of Agency policy and operating considerations. It is most unfortunate that the medical disabilities of two senior officers have interrupted the planned assignment of responsibilities and career successions. Additionally there has been a fairly high turnover of the professional staff officers which has in effect precluded the selection, training and development of some of these officers for senior positions and responsibility. This high turnover is not the result, in my judgment, of the management policies of the Director of Medical Services but due to the fact that the constant opening of opportunities in the private medical field are highly attractive and far more lucrative than what Government or this Agency can pay. As a result it is difficult to develop and maintain highly professional quality personnel on a long-term career basis. Therefore, it has been the policy of the Director of Medical Services, and rightfully so, to maintain tight direction of his program until he can provide the successors on a career basis who can assume the positions of responsibility and to whom considerable authorities may be delegated.

4. We anticipate the conclusion of our studies and review of the Office of Medical Services approximately 1 November 1968. We should thus be in a position to respond to you on those matters which we have noted as requiring further time for review by 15 November.

5. We appreciate the considerable time and effort devoted by the Inspector General to this survey and believe it most helpful in pointing up matters that warrant further attention.

SAU: R. L. Bannerman

R. L. Bannerman
Deputy Director
for Support

SA-DD/S:RBW:dlk (29 Aug 68)

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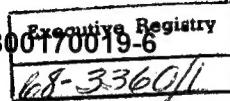
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30 JUL 1968

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Inspector General's Survey of the
Office of Medical Services

You have received two copies of the Inspector General's survey report on the Office of Medical Services. Please let me have your comment or report of action taken on the recommendations contained in the report within thirty (30) days.



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L. K. White
Executive Director-Comptroller